To the *full*

I very much enjoyed the Reflections article by Dr Suss in the April issue of *Canadian Family Physician*.[1] As one who has now attained membership in the group of the population that I believe is classified as *very elderly*, I can attest to the veracity of his observation that death is a gradual process, as some of my own systems have begun their decline. In truth it probably begins with life itself. I hope that Dr Suss will permit one picayune note of criticism because of my advancing years.

Having immigrated to Canada from the United Kingdom in 1960, I am fluently bilingual in both Canadian and English, and would thus like to remind Dr Suss and the multitude of authors of obituaries in Canada that, in English at least, the word *full* has no superlative. Sadly, a life lived cannot be more than *full*. Were it not so, one's cup could never run over and nocturia would not be a symptom. Nonetheless, I would urge him to continue to live life to the full, and I hope that he will experience many of those sublime moments when the joys of life are unconstrained by human and linguistic boundaries and the limitations of the lachrymal apparatus, and joy overflows.

—M.W.L. (Bill) Davis MBBChir FCFP
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Competing interests
None declared

Reference
1. Suss R. Watching death. *Can Fam Physician* 2011;57:457.

Reliable tool

I was very pleased to read Bosomworth's article on the practical use of the Framingham risk score (FRS).[1] Lately there is a lot of information regarding lipid level control. The need for a fast, reliable risk assessment tool is overwhelming. The article delineates the targets and explains the structure of the FRS. I downloaded Bosomworth's tool on my computer at the clinic, and made it a habit to check the risk according to the FRS for every patient older than 40 years of age. Not surprisingly the use of statins increased substantially. My next goal is to compare scores of individual patients after 2 years of observation or treatment.

—Marina Sapozhnikov MD
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Competing interests
None declared

Reference
1. Bosomworth NJ. Practical use of the Framingham risk score in primary prevention. *Can Fam Physician* 2011;57:417-23.

Puzzling result

I have been using Dr Bosomworth's calculator since his article was published in April.[1] I find it a very useful and relatively easy-to-use tool. I have noted that its results increase my prescriptions of statin drugs. I also notice that when men reach a certain age, they automatically are at moderate risk and should all receive treatment, which puzzles me a little.

—Christian Dufour MD
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Competing interests
None declared

Reference
1. Bosomworth NJ. Practical use of the Framingham risk score in primary prevention. *Can Fam Physician* 2011;57:417-23.

Response

Dr Dufour is entirely correct. If we follow only the Adult Treatment Panel III guidelines, 42.3% of adults between 35 and 70 years of age are candidates for statin therapy. If we add C-reactive protein testing, this increases to 52.6%; if we add additional low-density lipoprotein (LDL) triggers (LDL >3.5 mmol/L), this jumps to 61.7%.[1] The Canadian guidelines incorporate the latter 2 strategies. Currently, less than 50% of Adult Treatment Panel III–eligible patients are taking statins. As two-thirds of the benefit in cardiovascular events is seen with the initial statin dose, and as there is no good evidence for C-reactive protein use and LDL targets, compliance might be best served by evaluating risk and treating those with high scores with a mid-dose generic statin. This is almost sure to improve compliance, and we are much more likely to improve outcomes for high-risk patients in primary prevention. For patients who are happy to obsess about LDL levels, we always have guidelines to fall back on.

The calculator is meant as a decision aid for both guideline and "fire and forget" approaches. A recent revision includes numbers needed to treat, which might be useful for patient decisions.

—N. John Bosomworth MD CCFP FCFP
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Competing interests
None declared

Reference
1. Nanchen D, Pletcher MJ, Cornuz J, Marques-Vidal PM, Paccaud F, Waeber G, et al. Public health impact of statin prescribing strategies based on JUPITER. *Prev Med* 2011;52(2):159-63. Epub 2010 Dec 3.